

Address correspondence to The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia Bridge Rd, Nowra NSW 2541 **02 4429 3111** | Deering St, Ulladulla NSW 2539 **02 4429 8999** shoalhaven.nsw.gov.au | council@shoalhaven.nsw.gov.au

Application for Access to Personal or Health Information City Performance

Applicant						
Surname						
Given Name						
Address						
Suburb				Р	Postcode	
Phone/Mobile Phone				1		
Email Address						
I agree to receive correspon	dence at the ab	ove emai	l address			
Details of Request						
Request Made Under s.14 of the <i>Privacy and Pers</i> cl.7 Schedule 1 of the <i>Health</i> The documents are						
I wish to inspect the document(s)		Yes	No			
I require a copy of the document(s)		Yes	No			
I require access in another form		Yes	No			
Consultation						
If you are seeking the person with the other parties. If you Yes No						may be necessary to consult cate below
Fees & Charges (Apply only to third party access)						
Attached is a cheque/cash to Note : In certain cases, a 50 of this form. If you consider application. I am requesting	% reduction in f you are entitled	ees and o to a redu	charges may apply – s	see the sec	ction on fe	es and charges on the back
Proof of Identity						
(Only required when an applicant is When seeking access to per copy of any one of the follow Australian Drivers Licence (with photograph signature & current	rsonal information ving documents	on, you m		Oth		of signature and current
Applicant's Signature				Da	ite	
Privacy Notification: The information						

information to Council is voluntary however without it, Council may be unable to process your application. Persons identified on this form may at any time, apply to Council for access to this information at any time.

Office Use Only					
Related Policies:	POL 12/267 – Privacy Management Plan	1 1 1 1 1 1 1 1 1 1			
TRIM Form Number	FM11/119 (Form 483)				
Owned by (Department):	City Performance				





